

## **Veterans Affairs Commission Support to Veterans Events Criteria**

The Veterans Affairs Commission (VAC) received limited funding of \$5,000 in the FY 05 – 06 Budget to be used to provide outreach activities and support local veteran organizations.

The Commission has established a \$500.00 maximum amount that can be requested and awarded one-time per organization per fiscal year.

All requests should be submitted in writing to the VAC Chair and mailed to ATTN: Nancy Sheppard at P.O. Box 839966 San Antonio, Texas 78283-3966.

Please fill out the application and include responses to the following criteria that have been developed for all monetary requests:

1. The organization needs to be a governmental agency or a not-for-profit;
2. Address the inability to pay for the event/activity, to include financial statements;
3. Address how the event will benefit the community and the veterans of San Antonio;
4. Indicate how the event supports the goals and mission statement of the Veterans Affairs Commission; and
5. List a contact person with a phone number in case of questions or additional information is needed.
6. The request should be submitted 90 to 120 days prior to the date of the event. Requests received less than 60 days prior to the event will be returned without action.

Thank you for your request. The Commission will review your request and respond in writing within 60 to 90 days from receipt of the completed application.

**VETERANS AFFAIRS COMMISSION  
REQUEST FOR FUNDS**

Please thoroughly complete all sections and list a contact person for any questions. Attach additional pages if needed.

Name of Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

1. Amount of Request (not less than \$100.00 and not more than \$500.00) \_\_\_\_\_

2. What other sources of funding does organization have? Please attach detailed financial statements. \_\_\_\_\_

3. Purpose of Request (state exactly why and how funds are to be used, and the community & veteran benefit anticipated). Has the VAC ever provided previous funds to the event? If so, how much and when.

4. How would this funding complement the goals and mission of the Veterans Affairs Commission? Please attach detailed budget and expense data for the project to be funded.

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Copy of separate written request attached? YES ☐ NO ☐

Does the organization receive other funds? YES ☐ NO ☐

If yes, by whom: \_\_\_\_\_

Is the City co-sponsoring the particular event?   YES   ☐   NO   ☐

Comments by the City Attorney's Office: \_\_\_\_\_

\_\_\_\_\_

Comments by the EDD Director: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_